STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	009894	A. BUILDING: _____ B. WING _____	C 08/04/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERKSHIRE OF CASTLETON	8480 CRAIG ST INDIANAPOLIS, IN 46250

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00153522. Complaint IN00153522 Unsubstantiated due to lack of evidence. Survey Date: August 4, 2014 Facility number: 009894 Provider number: 009894 AIM number: NA Survey Team: Mary Jane G. Fischer RN Census bed type: Residential: 113 Total: 113 Census Payor type: Other: 113 Total: 113 Sample: 4 Berkshire of Castleton was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint Number IN00153522. Quality Review 08/04/14 by Lisa McColly	R 000		